

<i>SERFF Tracking Number:</i>	<i>GLIN-128366507</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Life Reinstatement Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Gerber Life Insurance Company	SERFF Tr Num: GLIN-128366507	State: Arkansas
Product Name: Life Reinstatement Application	SERFF Status: Closed-Approved-	State Tr Num:
TOI: L08 Life - Other	Closed	
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Jennifer Wittmann	Reviewer(s): Linda Bird
	Date Submitted: 06/19/2012	Disposition Date: 06/25/2012
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/25/2012
	State Status Changed: 06/25/2012
Deemer Date:	Created By: Jennifer Wittmann
Submitted By: Jennifer Wittmann	Corresponding Filing Tracking Number:
Filing Description:	
Form: RAL-A12(AR)	

We submit a reinstatement application form for approval. The form is new and is updated to comply with the MIB, Inc., requirement for its member companies to amend their authorization form to add required language.

Form RAL-A12 (AR) will replace form RAL-A01(AR) that was approved on 12/27/2001. The form will be used by adults who want to reinstate an individual life insurance policy.

We trust this filing to be complete and accepted.

State Narrative:

SERFF Tracking Number: GLIN-128366507 State: Arkansas
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Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life Reinstatement Application
Project Name/Number: /

Company and Contact

Filing Contact Information

Jennifer Wittmann, Legal & Compliance jennifer.wittmann@us.nestle.com
Associate
1311 Mamaroneck Avenue 914-272-4000 [Phone]
White Plains, NY 10605 914-272-4099 [FAX]

Filing Company Information

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York
1311 Mamaroneck Avenue Group Code: Company Type: Life and Health
Insurance
White Plains, NY 10605 Group Name: State ID Number:
(914) 272-4000 ext. [Phone] FEIN Number: 13-2611847

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: application filing fee = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	06/19/2012	60242462

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/25/2012	06/25/2012

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State: *Arkansas*

Filing Company: *Gerber Life Insurance Company*

State Tracking Number:

Company Tracking Number:

TOI: *L08 Life - Other*

Sub-TOI: *L08.000 Life - Other*

Product Name: *Life Reinstatement Application*

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Disposition

Disposition Date: 06/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Reinstatement Life Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RAL-A12(AR)	Application/ Reinstatement Enrollment Form	Life Application	Revised	Replaced Form #: RAL-A01(AR) Previous Filing #:	51.500	RAL-A12 (AR).pdf

APPLICATION FOR INDIVIDUAL LIFE INSURANCE POLICY REINSTATEMENT

Gerber Life Insurance Company Administrative Office [445 State Street, Fremont, MI 49412]

INSURED: _____

POLICY NO.: _____

ADDRESS: _____

TELEPHONE: (____) _____

Occupation: _____ Employer: _____ Height: Ft ____ In ____ Weight: Lbs _____

1. Within the past 5 years has the insured:

(A) Been treated, diagnosed or advised by a physician or other medical professional for any of the following: heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; AIDS or ARC; high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lung, stomach, or intestines or central nervous system; HIV infection; pneumonia; swollen lymph nodes?..... ____Yes ____No

(B) Been advised by a physician to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs; or used any controlled substance except as prescribed by a physician?..... ____Yes ____No

(C) Plead guilty to or been convicted of a felony or misdemeanor or do you have such charge currently pending against you? ____Yes ____No

(D) Been declined or charged extra premium for insurance; or had a policy cancelled by any life or health insurance company other than Gerber Life? ____Yes ____No

(E) Had a driver's license suspended or revoked; or plead guilty to or been convicted of 3 or more moving violations; driving under the influence of alcohol or drugs or had 2 or more accidents in which the insured was found to be at fault? **(If yes, explain and give drivers license number and state)**..... ____Yes ____No

Give full details if you answered "Yes" to any question above. Include names of conditions; dates; names and addresses of attending physicians. Use and sign a separate sheet, if you need more space.

Nature of Condition	Dates	Name & Address of Doctor & Hospital

I AGREE THAT:

All statements and answers in all parts of this application are true and complete to the best of my knowledge and belief and they shall be the basis for and become part of any reinstatement approved as a result of this application. Any reinstatement will not take effect until it has been approved and all premiums, indebtedness and interest due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of this application which occur before the policy is reinstated and payment is received by the Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinements in prison.

I AUTHORIZE any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character, and driving records, to give such information to Gerber Life, its reinsurers, or other person performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB Inc. (MIB). I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of the MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

Insured's Signature _____

Policy owner's Signature
(If other than the insured) _____

City/State _____

Date _____

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
State Read Cert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	No policy filed.		
Comments:			

READABILITY CERTIFICATION

Company Name: Gerber Life Insurance Company

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
RAL-A12	51.5



Robert Lodewick
Vice President, General Counsel

June 7, 2012

Date